



Existing Patient Update

You are scheduled for an upcoming consult with our office. Please email an update to optimize consultation time. Please note that this is a requirement prior to each consult. If this is not emailed by the time frame indicated (usually by the Thursday of the week prior to your consult), we may have to reschedule the consult.

Please email an update to ihealthnow@ihealthnow.org and include the following information:

1. Please make sure you have signed and returned the most current consent forms which can be found on our website <http://ihealthnow.org/forms/index.html>.
 - Practice Policies
 - HIPAA Notice of Privacy Practices
 - Consent Form (either Pediatric or Adult and Primary Care with Dr. Wells, if applicable)
2. If you have had blood work or other testing done (since our last consult), please let us know so that we may obtain copies of the results prior to your appointment.
3. General Update – progress, setbacks, list of concerns/biggest issues
4. **MUST HAVE** Current detailed list of supplements and medications (names, doses, frequencies, good and bad reactions), regardless of timing of last visit
5. Current stool and sleep pattern
6. Current diet (include the starting date if on a special diet and note general response to diet – good or bad)
7. Current therapy (types and hours/week for each therapy)
8. If applicable, please also include a list of supplements or medications that have caused bad reactions in the past (and specify the reaction – for example, if something that was supposed to be calming caused increased hyperactivity or stimming).
9. What are your goals and/or specific questions for this consultation?

**PRIOR TO YOUR CONSULTATION, PLEASE EMAIL THIS INFORMATION TO:
IHEALTHNOW@IHEALTHNOW.ORG**

Thank you,
Dr. O'Hara
Dr. Szakacs
Dr. Wells